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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/886,327	06/21/2001	James Alien McEwen	1077-023-PWH	6889

TITLE OF INVENTION: MATCHING LIMB PROTECTION SLBEVE FOR TOURNIQUET CUFF

BUI, VY Q 3734 606-201000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/147; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assigned data will appear on the patent. If an assignce is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  CASE STEAN CLINICAL ENG. LTD  Please check (the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Generally and the country of the patent of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  The Director is hereby authorized to charge the required fee(s) any deficiency, or credit overpayment, to Deposit Account Number 50021 (enclose an extra copy of the patent) is payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  The Director is hereby authorized to charge the required fee(s) any deficiency, or credit overpayment, to Deposit Account Number 50021 (enclose an extra copy of the patent) is payment of the patent of Fec(s): (Please first reapply any deficiency, or credit overpayment, to Deposit Account Number 50021 (enclose an extra copy of the payment of Fec(s): Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	APPLN, TYPB	SMALL ENTITY	ISSUE FEE DUB	PUBLICATION FEB DUE	PREV. PAID ISSUE PEE	TOTAL FEE(S) DUE	DATE DUB	
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Advance Order - # of Copies Deficiency, or credit overpayment, to Deposit Account Number 50024 (enclose an extra copy of the 5. Change in Entity Status (from status indicated above)	Picase check (he appropriate of the following fee(s)	iate assignee category or	r categories (will not be pr	inited on the patent):	Individual Corporati	on or other private group lously paid issue fee sho		
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2),	Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50024 (enclose an extra copy of this form).				
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Authorized Signature  Date 10-30-07  Typed or printed name FATRICIZ W, HUGHEY Registration No. 31169	Authorized Signature	AR	- W.#	MARKEN	Date /O	-30-05	7	

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